neuroglia proliferates, but is apt to remain outside the central nervous system.

17. *Huntington's Chorea.*—Müller contributes a new family tree of hereditary chorea. The great-grandfather died at the age of fifty-two years, of unknown cause; the grandfather died at the age of sixty-eight years, and had some irregular movements of the limbs; a son by his first wife died at the age of forty-six and had twitchings of the extremities. Of two children by the second wife one died at fifty-seven, and it is not certain whether chorea existed; the other is living at sixty years of age and has had chorea for sixteen years. The son by the first wife had eight children. Of these the second has had chorea for three years. One other has epilepsy. The others are healthy or dead, and several of them have healthy children. He describes the case of the second son, and also two other cases, both of which are fairly typical. The second of these, a man of forty-seven years, appears to be the first in his family who has ever had the choreic movements. The third was a step-sister of the father of the first case described, who had had chorea.

J. Sailer (Philadelphia).

MONATSCHRIFT FUER PSYCHIATRIE UND NEUROLOGIE

(Vol. 14, 1903. September. Heft 3.)

1. A Contribution to Polyneuritis. H. di Gaspero.
2. A Case of Elementary General Somatopsychosis. O. Foerster.
3. Hallucinatory Insanity in Diseases of the Organs of Hearing. V. Bechterew.
4. Contribution to the Knowledge of the Amnesic Disturbances After Attempts at Strangulation. M. Sommer.
5. A Simple Apparatus for Measuring Attention. T. Ziehen.
6. Report upon the 28th Traveling Association of the Neuroligists and Alienists of the Southwest Part of Germany on the 23rd and 24th of May, 1903, in Baden-Baden. R. Laudenheimer.

1. *Polyneuritis.*—Di Gaspero reports an interesting case occurring in a peasant and the result of hysteria. He was a strong drinker and the disease had commenced after a prolonged debauch, during which he had been chilled. There were pains, diarrhea, nausea, prostration, vertigo and progressive weakness of the legs. Both legs finally became completely paralyzed; the patient was profoundly apathetic. In the course of the disease various muscles became completely paralyzed, as for example, the abducens. There were muscular atrophies, tenderness in the head, trunk and limbs, increased reflexes with patellar and ankle clonus, ataxia, and bilateral papillitis of the optic nerves. There were from time to time severe pains in the region of the trigeminus. At the end of 12 weeks improvement commenced, and at the end of 20 weeks the patient recovered. Gaspero discusses the nature of this case which he regards as one of toxemia giving rise to polyneuritis and Korsakow's psychosis. He discusses various interesting symptoms of the case, the possibility of tumor, and superior hemorrhagic polioencephalitis. He concludes, however, that it is really a form of neuromyositis with involvement of the optic nerves.

2. *Somatopsychosis.*—A woman of forty-nine years, had from the age of sixteen, periods during which she seemed to have difficulty in recognizing objects. As she grew older these were associated with imperative occupation of her mind with the appearance of persons or objects. There was also a sense of pressure upon and emptiness within the head. The special sensations were entirely normal. All forms of touch sense were preserved and were normal. The case progressed;

she finally spent most of her time in bed; said nothing, excepting to answer questions very faintly. She was with difficulty persuaded to eat, and she was somewhat slow about recognizing objects. The three chief manifestations of this condition were the diminution of the consciousness of the personality, the defective power of recognition and representation, and an imperative occupation of the mind with various subjects.

3. *Auditory Hallucinations in Ear Disease.*—Von Bechterew reports four cases of hallucination of sound occurring in patients with disease of the middle ear. This form of insanity rarely terminates in dementia. Often the patients recover entirely as a result of improvement in the hearing apparatus. Sometimes, however, if the condition persists hallucinations may occur in connection with the other organs of sense.

4. *Amnesia After Attempted Strangulation.*—A man of thirty-six years, with neuropathic heredity and addicted to alcohol, made an attempt at suicide. He was cut down before death, but remained unconscious for two hours, during which time he developed marked motor disturbances, the movements being coördinated, and after recovering consciousness he had a retrograde amnesia lasting for several days. There was also diminution in the power of attention, so that he forgot what he had seen in a few moments. Gradually he recovered his memory of the events before the attempted suicide, including the attempt itself. Sommer calls attention to similar cases which have occurred as a result of violent emotional shock.

5. *Attention Measurements.*—Ziehen has devised a simple apparatus for measuring the power of attention. It consists of rotating drums upon which are fixed series of twenty letters. The patient regards this through a tube and diaphragm, and is requested to note how many time a certain letter or a certain combination of letters appears in a given group of twenty. The proportion of errors indicates the defects in the attention.

Association Notes—The following papers were read: The Pathology and Operative Treatment of Brain Tumor, Fürstner; Epileptic Equivalents, J. Aschaffenburg; Rare Vertebrate Brains, S. R. Burkhardt; The Investigation of the Pupil in Functional Psychoses, Bumcke; Hydrocephalus in Adults, Gerhardt; The Operative Treatment of Brain Syphilis, Bayerthal; The Nucleus Salivatorius Inferior and the Cranioviscеral System, Kohnstamm; Is There a Paralytic Degeneration of the Nerves? Bethe; A Hitherto Undescribed Change of the Medulla of the Central and Peripheral Nerve Fibers, Schaeffer; The Weight of the Brain and of Various Parts of the Brain in Children, Pfister; The Capacity of the Child's Cranium, Pfister; The Cytodiagnosis of the Cerebrospinal Fluid, Schoenborn; Contribution to the Knowledge of Thomsen's Disease, Hoffmann; The Sources of Error in Marchi's Method, Spielmayer; The Presentation of the Axis Cylinder in the Areas of Multiple Sclerosis According to Modern Methods, Bartels; Papillitis and Multiple Sclerosis, Rosenfeld; Certain Characteristic Changes In the Action of the Heart as a Result of Nervous Influence, A. Hoffmann.

(Vol. 14, 1903, No. 4. October.)

1. Some Hitherto Unconsidered Reflex Movements In Infantile Spastic Diplegia. H. OPPENHEIM.
2. A Rare Form of Mental Disturbance. W. ALTER.
3. Contribution to the Clinical Significance of Babinski's Plantar Reflex and Oppenheim's Leg Reflex. B. PFEIFFER.
4. The Course of the Fibers in the Brain of the *Galeopithecus volans.* T. ZIEHEN.

5. Scientific Meeting of the Physicians of the St. Petersburg Clinic for Nervous and Mental Disease. E. GIESE.

1. *Reflexes in Infantile Spastic Diplegia.*—A child of four years with typical symptoms of infantile spastic diplegia, when the lips were touched with a glass rod showed a series of rhythmical swallowing, tasting and sucking movements. A child of three years and three months, who also had typical symptoms, and whose swallowing and chewing were only performed with difficulty, showed—if the lips or tongue were touched with a glass rod—rhythmical movements in the jaws, tongue and lips resembling chewing, sucking and swallowing. The muscles of the jaw were first involved, then those of the tongue and lips, the whole lasting for from 10 to 20 seconds, and involving 25 to 30 movements. If the patient were startled by a sudden noise tonic spasm of the muscles of the trunk and extremities occurred, during which the arms were lifted and stretched. Oppenheim regards this as increased susceptibilty to fear. As the movements produced when the child was startled were always the same, he regards it as an exaggerated acoustic motor reflex. The first reflex appears only in children suffering from Little's disease or the infantile pseudobulbar paralytic form of Oppenheim. It is probably in some way associated with the difficulty in deglutition from which these patients suffer. Both symptoms may be due to the disturbance of the higher centers, and the predominance of certain reflex centers through the medulla.

2. *Rare Mental Disturbance.*—Alter reports the case of a Hebrew fifty-four years of age, with pronounced neuropathic heredity, a man of high intelligence and social disposition, who gradually altered in character, became melancholic and had delusions. His mental condition slowly became confused; he had failure in the recognition of objects, or at least was in a state of such extreme doubt that he was uncertain regarding their nature. There were some motor disturbances, unwillingness to eat, and finally he developed a paranoiac state. The opium treatment produced a distinct remission. The disturbance in orientation and akinesia, however, persisted. The patient improved somewhat, but there were still increased tendon reflexes in the lower extremities without Babinski's sign. The fields of vision were contracted. The case represents a variety of forms of disturbance. There was a defect in the identification of objects, and disturbance of the recognition of his own individuality. The patient also had a disturbance of the time sense, and there were numerous attacks in which hallucinations were common. A remarkable fact was that when the diabetes, from which the patient suffered, was increased in severity by the administration of sugar-forming substances, the symptoms grew worse, and when the diabetes was improved they were better. Alter, therefore, concludes that it was an expression of a constitutional disease, the more important symptoms resembling those of hysteria.

3. *Babinski Reflex and Oppenheim Leg Reflex.*—Pfeiffer has examined 547 cases with reference to the Babinski reflex. In 200 healthy persons it was absent. The leg reflex of Oppenheim was also absent. In forty children less than a year old there was plantar flexion ten times and dorsal flexion twenty-five times. In five cases the results varied. Stroking the leg caused plantar flexion six times and dorsal flexion fourteen times. In twenty-four children all less than three years of age plantar flexion occurred seventeen times and dorsal flexion five times. In two cases the results differed on different sides. In eighty-three neurasthenic individuals a doubtful Babinski was obtained on one side in one case. In this case the leg reflex of Oppenheim was also positive. In one case of hysteria the Babinski reflex could be produced by suggestion. In six cases of epilepsy the Babinski was

present twice. In functional tremors, states of inhibition, paralysis agitans, alcoholic delirium and peripheral neuritis the reflex was absent. In forty cases of tabes in imperfect Babinski was observed in two; in anterior poleomyelitis and in a case of syringomyelia the reflexes were normal. In one case of acromegaly there was a Babinski reflex on the left side. In medullary spinal tumor, post-traumatic injury to the spinal column; spondylitis; cerebrospinal meningitis; cerebral tumor; paralytic dementia; cerebrospinal syphilis; spastic paraylsis; transverse myelitis; and bulbar paralysis the Babinski reflex was obtained. In fifteen of twenty-four cases of multiple sclerosis the Babinski was present. In sixty-three old cases of hemiplegia both Babinski and Oppenheim reflexes were present. There seems, therefore, good grounds for regarding it as a sign of a pathological spastic condition of the motor system.

4. *Monkey Brain.*—Ziehen gives a careful and excellent illustrated article upon the anatomy of the brain of the *Galeopithecus volans.* It is not suitable for an abstract.

J. Sailer (Philadelphia).

JAHRBUECHER FUER PSYCHIATRIE UND NEUROLOGIE

(Vol. 24, 1903, Nos. 2, 3.)

1. The Anatomical and Physiological Results of Hemisection of the Mesencephalon. Probst.
2. The Measurement of the Size of the Pupil and the Determination of the Light Reaction Time of the Pupil in Certain Psychoses and Diseases of the Nervous system. Alfred Fuchs.

1. *Hemisection of Mesencephalon.*—This paper contains the results of some carefully carried out and carefully observed animal experiments. The physiological as well as the anatomical phenomena are noted with the same care thus giving to this work an almost unique interest. In this abstract only the most important facts will be mentioned as the extent of the paper renders a full résumé impossible. The experimental data derived from the hemisection through the corpora quadrigeminal region of the cat and the hedge-hog are stated and the degeneration of the fiber tracts as well as the physiological symptoms are described. The animals remained alive for several weeks and were then killed and the whole nervous system was then sectioned in perfect series. The author attempts to prove the statement made by him before to the effect that in monkeys, dogs, cats and hedge-hogs all centripetal paths which go the mesencephalon end here in protoplasmic branching and that none of these fibers go unbroken through the internal capsule on their way to the cortex. Experiment No. 1. The territory between the anterior and the posterior quadrigeminal bodies was hemisected without any apparent lesion of the cerebrum or the cerebellum. This is easily accomplished. A small opening is bored in the sagittal line of the skull and through this, by means of the author's canula and retractor, the brain stem can be bisected. The whole central nervous system was studied in perfect series stained with osmic acid. The conclusion derived from a study of the series in this animal is that all centripetal "haubenbahn" end in the mesencephalon. There was not one degenerated fiber to be seen, in the internal capsule. The most striking physiological observation in a cat so operated upon is, that even a hemisection of the brain stem does not produce a permanent paralysis. Three weeks after such an operation the cat could spring and jump. At the same time the cortex was laid bare under chloroform and the motor area stimulated with faradic current. The left gyrus sigmoideus reacted by causing epileptiform convulsions limited to that side. On the right side slight twitching but no epileptiform attacks were noticed. In the second experiment in